ENTRY BLA	NK		
PLEASE TYPE	OR PRINT	K Ent	tered previous May Sho
	ANTHON		(Last Name Last)
Permanent 34 Address Si	720 SHER	(Woo	D DR. SOLON
44139	Tel. () 2	248-	-4641
Zip Temporary Address	Area Code		
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Permanent addre	ess is in what coun	ty? C	UYAHOGA
	ga County 💆 Y		
Collaborator	(If Any)		
Artist will p Museum sho	t accepted or not sick up entries at Mould dispose of ent	luseum.	.O.D. at this address:

The attached card at right will be returned to you as notification of acceptance or rejection by the last week in April.

THE RETURNED CARD IS YOUR ONLY RECEIPT TO CLAIM YOUR ENTRIES. Do not lose it.

This entry blank must be fully made out and signed. Unsigned entry blanks will not be accepted.

Note carefully calendar for delivery and return of objects. It is understood that the Museum will have the right to dispose for its own account any entry not called for by the dates listed.

It is also understood that accepted entries will remain on exhibition until June 9, 1974.

The submission of entries will be construed as acceptance of all conditions printed in the entry information.

Signature Anthony Schopis

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1974 MAY SHOW
The Cleveland Museum of Art
Cleveland, Ohio 44106

Please keep address within this box for window envelope.

Name	ANTHONY SCHEPIS
Address	34720 SHERWOOD DR.
City & State	SOLON, 0410 zip 44139

PLEASE TYPE OR PRINT.

This is the label that will be used to mail your notification of acceptance or rejection.

ACCEPTANCE OR REJECTION NOTICE					
July 1	NOT DET	асн 🖒			
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Ohio Driv Lie K. 686713 ANTHONY SCHEPIS 34720 SHERWOOD DR, SOLON OHIO 44139

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